

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>12</u>	
1. PLACE OF DEATH		COUNTY <u>Apache</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>956</u>	
TOWNSHIP <u>St. Johns</u>		CITY <u>St. Johns</u>		OR VILLAGE		WARD	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. <u>1</u> MOS. <u>10</u> DS. <u>1</u>		HOW LONG IN U.S. IF FOREIGN BORN		YRS. <u>1</u> MOS. <u>10</u> DS. <u>1</u>	
2. FULL NAME <u>Frances Anne Miner</u>		HOW LONG IN STATE WHEN DEATH OCCURRED		YRS. <u>1</u> MOS. <u>10</u> DS. <u>1</u>		WARD	
(A) RESIDENCE: NO. <u>1</u>		(USUAL PLACE OF ABODE)		ST. <u>1</u>		WARD	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August H. Miner</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30-1855</u>							
7. AGE	YEARS <u>81</u>	MONTHS <u>10</u>	DAYS <u>1</u>	IF LESS THAN 1 DAY, HRS. <u>1</u> OR MIN. <u>1</u>			
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)						
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) <u>Cedar Falls, Iowa</u> (STATE OR COUNTY) <u>Iowa</u>							
FATHER	13. NAME <u>Joel White</u>						
	14. BIRTHPLACE (CITY OR TOWN) <u>?</u> (STATE OR COUNTY) <u>?</u>						
MOTHER	15. MAIDEN NAME <u>Mary Anne White</u>						
	16. BIRTHPLACE (CITY OR TOWN) <u>?</u> (STATE OR COUNTY) <u>?</u>						
17. INFORMANT <u>Mrs. Joel Miner</u> (ADDRESS) <u>St. Johns, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns, Ariz.</u> DATE <u>April 2, 1937</u>							
19. EMBALMER <u>Thompson &amp; Friend</u> (ADDRESS) <u>St. Johns, Arizona</u>							
20. FILED <u>April 10, 1937</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb 1</u> TO <u>Mar 31</u> , 19 <u>37</u>							
I LAST SAW HIM ALIVE ON <u>Mar 31, 1937</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:30 A.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Coronary Artery Disease</u> DATE OF ONSET <u>Several years</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Age &amp; Overweight</u>							
NAME OF OPERATION <u>?</u> DATE OF <u>?</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>Symptoms</u> WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>?</u> DATE OF INJURY <u>?</u> , 19 <u>?</u>							
WHERE DID INJURY OCCUR? <u>?</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>?</u>							
MANNER OF INJURY <u>?</u>							
NATURE OF INJURY <u>?</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>							
IF SO, SPECIFY <u>?</u>							
(SIGNED) <u>J. P. [Signature]</u> M. D.							
(ADDRESS) <u>St. Johns, Arizona</u>							